Office of Accountability, Accreditation, and Program Approval Nebraska Department of Education 301 Centennial Mall South Lincoln, NE 68509-4987 NDE: 08-046 Date Due: **May 15**

APPLICATION FOR CONDITIONAL APPROVAL TO OPEN A NEW INTERIM-PROGRAM SCHOOL

Under Rule 18: Regulations and Procedures For the Legal Operation of Approved Interim-Program Schools

Check Appropriate Boxes: Elementary	Type of School:		Sponsoring Organization:		
Name of Interim-Program School: Street/Box #:	Check Appropriate Boxe	Middle	Institution		
Name of Interim-Program School: Street/Box #:			-		
County, Group or Individual Sponsoring the Interim-Program School: Street/Box #: City: Zip:					
Street/Box #:	Street/Box #:	City:	Zip:Phone	e:	
School Contact Person: Name:	County, Group or Individual Sp	oonsoring the Interim-Program Sc	chool:		
City: Zip:Phone: E-Mail:	Street/Box #:	City:	Zip:		
Has the State Fire Marshall's Office inspected and approved the proposed facility?YesNo Has a study of the regulations of Rule 18 shown that the school above will be able to meet the regulations?YesNo Has staff with proper Nebraska certification been secured to administer and teach in the proposed school?YesNo If yes, please provide the following: Position Name Certificate Number Endorsement System Administrator Principal (if applicable) School Liaison Teacher(s) Please list all the officers of the board or governing body: Name: Address: Phone No.:	School Contact Person: Name:		Street:		
Has a study of the regulations of Rule 18 shown that the school above will be able to meet the regulations?YesNo Has staff with proper Nebraska certification been secured to administer and teach in the proposed school?YesNo If yes, please provide the following: Position Name Certificate Number Endorsement System Administrator Principal (if applicable) School Liaison Teacher(s) Please list all the officers of the board or governing body: Name: Address: Phone No.:	City:	Zip:Phone:	E-Mail:		
Has staff with proper Nebraska certification been secured to administer and teach in the proposed school?YesNo If yes, please provide the following: Position Name Certificate Number Endorsement System Administrator Principal (if applicable) School Liaison Teacher(s) Please list all the officers of the board or governing body: Name: Address: Phone No.:	Has the State Fire Marshall's Offi	ice inspected and approved the prop	osed facility?Yes	No	
If yes, please provide the following: Position Name Certificate Number Endorsement System Administrator Principal (if applicable) School Liaison Teacher(s) Please list all the officers of the board or governing body: Name: Address: Phone No.:	Has a study of the regulations of l	Rule 18 shown that the school above	e will be able to meet the regulations	s?YesNo	
System Administrator Principal (if applicable) School Liaison Teacher(s) Please list all the officers of the board or governing body: Name: Address: Phone No.:			er and teach in the proposed school?	Yes No	
Principal (if applicable) School Liaison Teacher(s) Please list all the officers of the board or governing body: Name: Address: Phone No.:	Position Name	Certif	Certificate Number Endorsement		
Teacher(s) Please list all the officers of the board or governing body: Name: Address: Phone No.:	System Administrator				
Please list all the officers of the board or governing body: Name: Address: Phone No.:	Principal (if applicable)				
Please list all the officers of the board or governing body: Name: Address: Phone No.:	School Liaison				
Name: Address: Phone No.:	Teacher(s)				
Name: Address: Phone No.:					
Name: Address: Phone No.:					
Name: Address: Phone No.:					
	Please list all the officers of the	board or governing body:			
Signature of contact person above:	Name:	Address:	Address: Phone No.:		
Signature of contact person above:		_	_		
Signature of contact person above:					
	Signature of contact person abo	ve:			